

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



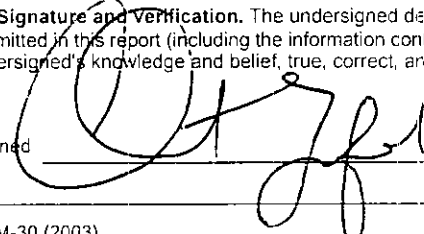
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13299	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Charles C Zweifel P.O. Box, Bldg., Room No., if any Street 300 S. Grand City St. Louis State Missouri ZIP Code + 4 63103	4. Name, file number, and address of labor organization. Name Teamsters Local 688 Labor Organization File Number 025-471 P.O. Box, Building and Room Number, if any Street 300 S. Grand City St. Louis State Missouri ZIP Code + 4 63103
5. Position in labor organization. Director of Education	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and Verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	on 05/08/06 349721996 Date Telephone Number

Name of Person Filing Charles Zweifel	File Number U- 13299
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Diekemper, Hammond, Shinnors, et al.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 200</p> <p>Street 7730 Carondelet Ave.</p> <p>City St. Louis</p> <p>State Missouri ZIP Code + 4 63105</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Teamsters Medicare Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 300 S. Grand</p> <p>City St. Louis</p> <p>State Missouri ZIP Code + 4 63105</p>	<p>11.a. Nature of such dealing.</p> <p>Provides legal services to several Teamsters-affiliated trusts</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Received a campaign contribution as a candidate for state representative.</p> <p>12.b. Amount. \$300</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name See attached</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>See attached campaign finance report from Missouri Ethics Commission and explanatory statement.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.o. Amount of payment.</p>

Name of Person Filing Charles Zweifel

File Number U- 13299

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Spector & Wolfe, LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 206 W. Argonne

City St. Louis

State Missouri

ZIP Code + 4 63122

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Provides legal services to Teamsters Local 688.

11.b. Approximate dollar value of such dealing.

\$58,000

12.a. Nature of interest held or income received.

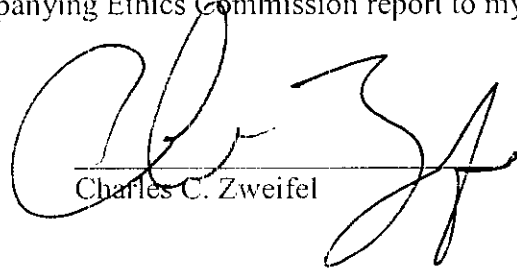
Received contribution to campaign (\$300) as candidate for elective office. Also received Christmas gift of Omaha steaks (estimated value \$50).

12.b. Amount.

\$350

EXPLANATORY STATEMENT

Attached to this LM-30 Report are documents from the Missouri Ethics Commission reflecting all of the campaign contributions I received from 1/1/2005 through 12/31/2005. I have separately listed on the LM-30 contributions made by entities which I know transact business either with Teamsters Local 688 or a trust in which Teamsters Local 688 is interested. Although I am not aware that any other contributors do business with either Teamsters Local 688 or any trust in which Teamsters Local 688 is interested, it is possible that such relationships exist. Therefore, in the interest of complete disclosure, I am attaching the accompanying Ethics Commission report to my Form LM-30.



Charles C. Zweifel





Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C010402

1. DATE OF REPORT	OFFICE USE ONLY
10/13/2005	

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	
3. COMMITTEE MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY / STATE / ZIP FLORISSANT MO 63031	4. COMMITTEE TELEPHONE NUMBER (314) 972-1990
5. TREASURER'S NAME JANICE SMITH	
6. TREASURER'S MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY / STATE / ZIP FLORISSANT MO 63031	7. TREASURER'S TELEPHONE NUMBER HOME (314) 972-1990 WORK (314) 731-3969
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
11. DATE OF ELECTION 11/7/2006	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 12/2/2004/4 THROUGH 3/31/2005	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY CLINT ZWEIFEL 1960 ACORN TRAIL FLORISSANT MO 63031 (314) 972-1990 STATE REPRESENTATIVE DISTRICT 78 <input checked="" type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input checked="" type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> AMENDING PREVIOUS REPORT DATED 4/15/2005/5, 20 05
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Oct 13 2005 10:25PM TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Oct 13 2005 10:25PM CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE OF REPORT 10/13/20	OFFICE USE ONLY
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RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 50,995.00		
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 75.00		MONEY ON HAND	
3. ALL LOANS RECEIVED THIS PERIOD	+ \$ 0.00			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0.00			
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 75.00		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 19,193.45
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 0.00		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 75.00
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 75.00		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	- \$ 11,937.44
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- \$ 0.00		a) Disbursements By Check \$ 11,937.44	
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 51,070.00	b) Disbursements By Cash \$ 0.00	
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 7,331.01
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 73,433.16	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 4,137.44			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0.00			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0.00		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0.00
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 4,137.44		30. LOANS RECEIVED THIS PERIOD	+ \$ 0.00
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 77,570.60	31. NEW DEBTS INCURRED THIS PERIOD	+ \$ 0.00
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	32. PAYMENTS MADE ON LOANS THIS PERIOD	- \$ 0.00
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 5,400.00	33. CREDITS RECEIVED ON LOANS THIS PERIOD	- \$ 0.00
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 7,800.00		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- \$ 0.00
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0.00		35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 0.00
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 7,800.00			
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 13,200.00		
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0.00			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0.00			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0.00			
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0.00			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2. REPORT DATE 10/13/2005	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 0.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 0.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 0.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 0.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD-1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 75.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED		17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)	
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 75.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 75.00	

FORM CD-1



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2. REPORT DATE 10/13/2005	
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4. AMOUNT PAID OR INCURRED THIS PERIOD	
3. CATEGORY OF EXPENDITURE United States Postal Service		\$ 74.00	
		\$	
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$ 74.00	
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$ 0.00	
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)		\$ 74.00	
B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	
8. NAME AND ADDRESS OF RECIPIENT		9. DATE	11. AMOUNT THIS PERIOD
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: View Supplemental Form(s) CITY / STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)		\$ 0.00	
13. SUBTOTAL: ANY ATTACHED PAGES		+ \$ 4,063.44	
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)		\$ 4,063.44	
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)		\$ 4,137.44	
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$ 4,137.44	
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$ 0.00	
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT		\$ 0.00	
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$ 0.00	
C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21. DATE	
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE		22. AMOUNT	
NAME: ADDRESS: View Supplemental Form(s) CITY / STATE:		\$	
NAME: ADDRESS: CITY / STATE:		\$	
NAME: ADDRESS: CITY / STATE:		\$	
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)		\$ 0.00	
24. SUBTOTAL: ANY ATTACHED PAGES		+ \$ 7,800.00	
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$ 7,800.00	
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		\$ 0.00	
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$ 7,800.00	
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT		\$ 0.00	

FORM CD3



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		REPORT DATE 10/13/2005	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Gregory Shufeldt ADDRESS: 3931 Cleveland Avenue CITY/STATE: St. Louis, MO 63110	1/18/2005	Campaign Worker \$ 0.00	\$ 975.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Clint Zweifel ADDRESS: 1960 Acorn Trail Dr CITY/STATE: Florissant, MO 63031	1/18/2005	\$ 0.00	\$ 784.79 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Mueller's Sign Shop ADDRESS: 4418 Manchester CITY/STATE: St. Louis, MO 63110	1/24/2005	\$ 0.00	\$ 215.23 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Cingular Wireless ADDRESS: Post Office Box 65055 CITY/STATE: Dallas, Texas 75265-0553	1/11/2005	\$ 0.00	\$ 200.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Staples ADDRESS: 2500 Missouri Blvd CITY/STATE: Jefferson City, MO 65101	3/21/2005	\$ 0.00	\$ 198.99 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Cingular Wireless ADDRESS: Post Office Box 65055 CITY/STATE: Dallas, Texas	2/22/2005	\$ 0.00	\$ 285.43 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Cingular Wireless ADDRESS: Post Office Box 65055 CITY/STATE:	1/10/2005	\$ 0.00	\$ 158.60 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: CDKWeb ADDRESS: 5988 Mid Rivers Mall Drive CITY/STATE: Saint Charles, Missouri 63304	1/27/2005	\$ 0.00	\$ 1,145.40 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: SBC ADDRESS: PO Box 6300747 CITY/STATE: Dallas, Texas 75263	12/7/2005	\$ 0.00	\$ 100.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE		DATE
ZWEIFEL FOR STATE REPRESENTATIVE		10/13/2005
MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		
NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	DATE	AMOUNT
NAME: Johnson for Jefferson County ADDRESS: PO Box 143 CITY/STATE: High Ridge, Missouri 63049	2/23/2005	\$ 600.00
NAME: House Democratic Campaign Committee ADDRESS: 208 Madison Street CITY/STATE: PO Box 719 Jefferson City, MO 65102	2/25/2005	\$ 5,000.00
NAME: Citizens for Teresa Loar ADDRESS: 110 NW Barry Rd #201 CITY/STATE: Kansas City, MO 64153	2/28/2005	\$ 300.00
NAME: Citizens for Barnitz ADDRESS: PO Box 104 CITY/STATE: Lake Spring, MO 65532	3/15/2005	\$ 600.00
NAME: Al Liese for State Rep ADDRESS: 1982 Springtree Dr CITY/STATE: Maryland Heights, Missouri 63043	3/23/2005	\$ 300.00
NAME: Missouri Democratic Party ADDRESS: 208 Madison Street CITY/STATE: PO Box 719 Jefferson City, MO 65102	3/30/2005	\$ 1,000.00
NAME: ADDRESS: CITY/STATE:		\$
NAME: ADDRESS: CITY/STATE:		\$
NAME: ADDRESS: CITY/STATE:		\$
NAME: ADDRESS: CITY/STATE:		\$
NAME: ADDRESS: CITY/STATE:		\$
NAME: ADDRESS: CITY/STATE:		\$
TOTAL: ITEMIZED MONETARY CONTRIBUTIONS MADE THIS PAGE (CARRY TO ITEM 25. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)		\$ --



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C010402

1. DATE OF REPORT 10/13/2005	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	
3. COMMITTEE MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY / STATE / ZIP FLORISSANT MO 63031	4. COMMITTEE TELEPHONE NUMBER (314) 972-1990
5. TREASURER'S NAME JANICE SMITH	
6. TREASURER'S MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY / STATE / ZIP FLORISSANT MO 63031	7. TREASURER'S TELEPHONE NUMBER HOME (314) 972-1990 WORK (314) 731-3969
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
11. DATE OF ELECTION 8/3/2006	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 4/1/2005 THROUGH 6/30/2005	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY CLINT ZWEIFEL 1960 ACORN TRAIL FLORISSANT MO 63031 (314) 972-1990 STATE REPRESENTATIVE DISTRICT 78 <input checked="" type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input checked="" type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> AMENDING PREVIOUS REPORT DATED 7/15/2006, 20 05
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Oct 13 2005 10:29PM TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Oct 13 2005 10:29PM CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE	DATE OF REPORT	OFFICE USE ONLY
ZWEIFEL FOR STATE REPRESENTATIVE	10/13/20	

RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 51,070.00		
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 300.00		MONEY ON HAND	
3. ALL LOANS RECEIVED THIS PERIOD	+ \$ 0.00			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0.00		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 7,331.01
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 300.00		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 300.00
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 0.00		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	- \$ 29.85
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 300.00		a) Disbursements By Check \$ 29.85 b) Disbursements By Cash \$ 0.00	
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- \$ 0.00		28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 7,601.16
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 51,370.00		
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	INDEBTEDNESS	
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 77,570.60		
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 29.85			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0.00			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0.00		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0.00
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 29.85		30. LOANS RECEIVED THIS PERIOD	+ \$ 0.00
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 77,600.45	31. NEW DEBTS INCURRED THIS PERIOD	+ \$ 0.00
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	32. PAYMENTS MADE ON LOANS THIS PERIOD	- \$ 0.00
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 13,200.00	33. CREDITS RECEIVED ON LOANS THIS PERIOD	- \$ 0.00
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0.00		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- \$ 0.00
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0.00		35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 0.00
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0.00			
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 13,200.00		
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0.00			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0.00			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0.00			
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0.00			

CD SUMMARY



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2. REPORT DATE 10/13/2005	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Credit Union Political Action Committee CITY/STATE: 2055 Craigshire Drive EMPLOYER: St. Louis, Missouri 63146 <input checked="" type="checkbox"/> COMMITTEE:		6/2/2005 \$ 0	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Blue Cross Blue Shield of Missouri CITY/STATE: Post Office Box 5035 EMPLOYER: Thousand Oaks, CA 91359 <input type="checkbox"/> COMMITTEE:		6/29/2005 \$ 0	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 300.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 0.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 300.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 300.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 0.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
15. NAME AND ADDRESS OF LENDER NAME: ADDRESS: CITY/STATE:			\$
NAME: ADDRESS: CITY/STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 300.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 300.00	

FORM CD1



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2. REPORT DATE 10/13/2005	
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4. AMOUNT PAID OR INCURRED THIS PERIOD	
3. CATEGORY OF EXPENDITURE View Supplemental Form(s)		\$	
		\$	
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$ 0.00	
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$ 29.85	
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)		\$ 29.85	
B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	
8. NAME AND ADDRESS OF RECIPIENT		9. DATE	11. AMOUNT THIS PERIOD
NAME: Cingular Wireless ADDRESS: Post Office Box 65055 CITY/STATE: Dallas, TX 75265		5/18/2005	Phone Service \$ 594.99 <input checked="" type="checkbox"/> PAID 0.00 <input type="checkbox"/> INCURRED
NAME: Dell ADDRESS: Post Office Box 6403 CITY/STATE: Carol Stream, IL 60197		5/31/2005	Office Supplies \$ 111.35 <input checked="" type="checkbox"/> PAID 0.00 <input type="checkbox"/> INCURRED
NAME: SBC ADDRESS: PO Box 6300747 CITY/STATE: Dallas, TX 75263		6/6/2005	Phone Service \$ 275.00 <input checked="" type="checkbox"/> PAID 0.00 <input type="checkbox"/> INCURRED
NAME: Russo's Catering ADDRESS: 9904 Page Avenue CITY/STATE: St. Louis, MO 63132		6/10/2005	Food for Townha \$ 493.77 <input checked="" type="checkbox"/> PAID 0.00 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)		\$ 0.00	
13. SUBTOTAL: ANY ATTACHED PAGES		+ \$ 0.00	
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)		\$ 0.00	
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)		\$ 29.85	
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$ 29.85	
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$ 0.00	
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT		\$ 0.00	
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$ 0.00	
C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21. DATE	
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE		22. AMOUNT	
NAME: ADDRESS: CITY/STATE:		\$	
NAME: ADDRESS: CITY/STATE:		\$	
NAME: ADDRESS: CITY/STATE:		\$	
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)		\$ 0.00	
24. SUBTOTAL: ANY ATTACHED PAGES		+ \$ 0.00	
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$ 0.00	
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		\$ 0.00	
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$ 0.00	
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT		\$ 0.00	

FORM CD3



OFFICE USE ONLY

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/13/2005
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)		AMOUNT PAID OR INCURRED THIS PERIOD
CATEGORY OF EXPENDITURE		
Internet Banking Maintenance Fee	\$	9.95
Internet Banking Maintenance Fee	\$	9.95
Internet Banking Maintenance Fee	\$	9.95
	\$	
	\$	
	\$	
	\$	
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	\$	
	\$	
	\$	
	\$	
TOTAL: ITEMIZED EXPENDITURES THIS PAGE		
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)	\$	--



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C010402

1. DATE OF REPORT	OFFICE USE ONLY
10/13/2005	

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	
3. COMMITTEE MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY / STATE / ZIP FLORISSANT MO 63031	4. COMMITTEE TELEPHONE NUMBER (314) 972-1990
5. TREASURER'S NAME JANICE SMITH	
6. TREASURER'S MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY / STATE / ZIP FLORISSANT MO 63031	7. TREASURER'S TELEPHONE NUMBER HOME: (314) 972-1990 WORK: (314) 731-3969
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
11. DATE OF ELECTION 11/9/2006	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 7/1/2005 THROUGH 10/1/2005	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY CLINT ZWEIFEL 1960 ACORN TRAIL FLORISSANT MO 63031 (314) 972-1990 STATE REPRESENTATIVE DISTRICT 78 <input checked="" type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input checked="" type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> AMENDING PREVIOUS REPORT DATED 10/15/2006, 20 05
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Oct 13 2005 10:37PM TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Oct 13 2005 10:37PM CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE

ZWEIFEL FOR STATE
REPRESENTATIVEDATE OF
REPORT

10/13/20

OFFICE USE
ONLY

RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0.00		
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 5,000.00		MONEY ON HAND	
3. ALL LOANS RECEIVED THIS PERIOD	+ \$ 0.00			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0.00			
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 5,000.00			
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 0.00		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 7,651.16
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 5,000.00		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 5,000.00
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- \$ 0.00		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	- \$ 2,765.92
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 5,000.00	a) Disbursements By Check \$ 2,765.92 b) Disbursements By Cash \$ 0.00	
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 9,885.24
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 77,600.45	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 2,165.92			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0.00			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0.00			
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 2,165.92		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0.00
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 79,766.37	30. LOANS RECEIVED THIS PERIOD	+ \$ 0.00
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	31. NEW DEBTS INCURRED THIS PERIOD	+ \$ 0.00
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 13,200.00	32. PAYMENTS MADE ON LOANS THIS PERIOD	- \$ 0.00
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 600.00		33. CREDITS RECEIVED ON LOANS THIS PERIOD	- \$ 0.00
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0.00		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- \$ 0.00
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 600.00		35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 0.00
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 13,800.00		
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0.00			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0.00			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0.00			
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0.00			

CD SUMMARY



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2. REPORT DATE 10/13/2005	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 5,000.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 5,000.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 5,000.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 0.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
15. NAME AND ADDRESS OF LENDER NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 5,000.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 5,000.00	

FORM CD1



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/13/2005	
INSTRUCTIONS			
<p>PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.</p> <p>Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.</p> <p>If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.</p>			
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: Realtors Political Action Committee-Missouri CITY/STATE: Post Office Box 30635 EMPLOYER: Columbia, Missouri 65205 <input checked="" type="checkbox"/> COMMITTEE:		9/19/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Association of Insurance Agents CITY/STATE: Post Office Box 1785 EMPLOYER: Jefferson City, Missouri 65102 <input checked="" type="checkbox"/> COMMITTEE:		9/19/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Healthlink CITY/STATE: Post Office Box 5035 EMPLOYER: Thousand Oaks, California 91359 <input type="checkbox"/> COMMITTEE:		9/21/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Beer Wholesalers Association CITY/STATE: 11116 South Towne Square EMPLOYER: St. Louis, Missouri 63123 <input checked="" type="checkbox"/> COMMITTEE:		9/26/2005 \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: AMECAPAC CITY/STATE: 2722 East McCarty EMPLOYER: Post Office Box 1645 Jefferson City, Missouri 65101 <input checked="" type="checkbox"/> COMMITTEE:		9/26/2005 \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Teamsters Local Union #688 PAC Account CITY/STATE: 300 South Grand Boulevard EMPLOYER: St. Louis, Missouri 63103 <input checked="" type="checkbox"/> COMMITTEE:		9/27/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Citizens for Progressive Education CITY/STATE: 101 East High Street EMPLOYER: Jefferson City, Missouri 65101 <input checked="" type="checkbox"/> COMMITTEE:		8/15/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dealers Interested In Government CITY/STATE: Post Office Box 245 EMPLOYER: Jefferson City, Missouri 65102 <input checked="" type="checkbox"/> COMMITTEE:		8/29/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/13/2005	
INSTRUCTIONS			
<p>PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.</p> <p>Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.</p> <p>If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.</p>			
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: Missouri Association of Municipal Utilities CITY/STATE: 2407 West Ash EMPLOYER: Columbia, Missouri <input checked="" type="checkbox"/> COMMITTEE:		9/2/2005 \$ 0	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: The Missouri Gaming Company CITY/STATE: 777 NW Argosy Parkway EMPLOYER: Riverside, Missouri 64150 <input type="checkbox"/> COMMITTEE:		9/8/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nancy Grove CITY/STATE: 7 Sunnymede Drive EMPLOYER: St. Louis, Missouri 63124 <input type="checkbox"/> COMMITTEE:		9/9/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gallop, Johnson and Neuman CITY/STATE: 101 South Hanley EMPLOYER: Clayton, Missouri 63105 <input type="checkbox"/> COMMITTEE:		9/13/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Health Care Leadership Committee State Account CITY/STATE: 11648 Gravois Road, Suite 235 EMPLOYER: St. Louis, Missouri 63126 <input checked="" type="checkbox"/> COMMITTEE:		9/14/2005 \$ 0	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CashAmerica CITY/STATE: 1600 West 7th Street EMPLOYER: Fort Worth, Texas 76102 <input type="checkbox"/> COMMITTEE:		9/15/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Johnston and Associates, Inc. CITY/STATE: 904 West Main, Suite 100 EMPLOYER: Jefferson City, Missouri 65109 <input type="checkbox"/> COMMITTEE:		9/28/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Petroleum Marketers (MCFA) PAC CITY/STATE: 205 East Capitol Avenue, Suite 200 EMPLOYER: Jefferson City, Missouri 65101 <input checked="" type="checkbox"/> COMMITTEE:		9/29/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 10/13/2005
---	--------------------

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Michael Woodard CITY/STATE: 170 Woodcliffe Place Drive EMPLOYER: Chesterfield, Missouri 63005 <input type="checkbox"/> COMMITTEE:	3/30/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: TJW Management, Inc. CITY/STATE: 1501 Charbonier Road EMPLOYER: Florissant, Missouri 63031 <input type="checkbox"/> COMMITTEE:	9/30/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)

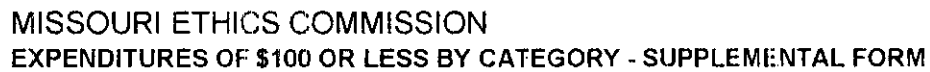


MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2. REPORT DATE 10/13/2005	
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4. AMOUNT PAID OR INCURRED THIS PERIOD	
3. CATEGORY OF EXPENDITURE View Supplemental Form(s)		\$	
		\$	
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$ 0.00	
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$ 180.58	
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)		\$ 180.58	
B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	
8. NAME AND ADDRESS OF RECIPIENT		9. DATE	11. AMOUNT THIS PERIOD
NAME: Cingular Wireless ADDRESS: Post Office Box 65055 CITY/STATE: Dallas, Texas 75265		7/6/2005	Phones \$ 0.00 <input checked="" type="checkbox"/> PAID 207.20 <input type="checkbox"/> INCURRED
NAME: Cingular Wireless ADDRESS: Post Office Box 65055 CITY/STATE: Dallas, Texas 75265		8/24/2005	Phones \$ 0.00 <input checked="" type="checkbox"/> PAID 128.15 <input type="checkbox"/> INCURRED
NAME: Mary Rademan ADDRESS: 3322 Frog Hollow Lane CITY/STATE: Jefferson City, Missouri 65109		9/19/2005	Software/Schedu \$ 0.00 <input checked="" type="checkbox"/> PAID 249.99 <input type="checkbox"/> INCURRED
NAME: Gregg Christian ADDRESS: 3000 Eads CITY/STATE: St. Louis, Missouri 63104		9/22/2005	Campaign Consul \$ 0.00 <input checked="" type="checkbox"/> PAID 1,400.00 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)		\$ 1,985.34	
13. SUBTOTAL: ANY ATTACHED PAGES		+ \$ 0.00	
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)		\$ 1,985.34	
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)		\$ 2,165.92	
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$ 2,165.92	
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$ 0.00	
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT		\$ 0.00	
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$ 0.00	
C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21. DATE	
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE		22. AMOUNT	
NAME: Local 682 PAC ADDRESS: 914 Virgo Lane CITY/STATE: St. Louis, Missouri 63125		9/21/2005	\$ 150.00
NAME: Friends of Bogetto ADDRESS: 417 Gill Avenue CITY/STATE: Kirkwood, Missouri 63122		9/29/2005	\$ 300.00
NAME: Friends of Bob Lowery ADDRESS: 430 rue St. Ferdinand CITY/STATE: Florissant, MO 63031		10/29/2005	\$ 150.00
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)		\$ 600.00	
24. SUBTOTAL: ANY ATTACHED PAGES		+ \$ 0.00	
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$ 600.00	
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		\$ 0.00	
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$ 600.00	
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT		\$ 0.00	

FORM CD3



NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 10/13/2005
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)		AMOUNT PAID OR INCURRED THIS PERIOD
CATEGORY OF EXPENDITURE		
Union Planters Bank--Banking Fee	\$	9.95
Union Planters Bank--Banking Fee	\$	9.95
Union Planters Bank--Banking Fee	\$	9.95
SBC--Phones	\$	70.73
SBC--Phones	\$	80.00
	\$	
	\$	
	\$	
	\$	
	\$	
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	\$	
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	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL: ITEMIZED EXPENDITURES THIS PAGE	\$	--
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)	\$	--

FORM CD 3 SUP A



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C010402

1. DATE OF REPORT	OFFICE USE ONLY
1/14/2006	

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	
3. COMMITTEE MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY / STATE / ZIP FLORISSANT MO 63031	4. COMMITTEE TELEPHONE NUMBER (314) 972-1990
5. TREASURER'S NAME JANICE SMITH	
6. TREASURER'S MAILING ADDRESS 1960 ACORN TRAIL DRIVE CITY / STATE / ZIP FLORISSANT MO 63031	7. TREASURER'S TELEPHONE NUMBER HOME: (314) 972-1990 WORK: (314) 731-3969
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
11. DATE OF ELECTION 11/9/2006	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input checked="" type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 10/1/2005 THROUGH 12/31/2005	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY CLINT ZWEIFEL 1960 ACORN TRAIL FLORISSANT MO 63031 (314) 972-1990 STATE REPRESENTATIVE DISTRICT 78 <input checked="" type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input checked="" type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Jan 15 2006 2:19PM TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Jan 15 2006 2:19PM CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE OF REPORT 1/14/200	OFFICE USE ONLY
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RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 5,105.00		
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 30,110.00		MONEY ON HAND	
3. ALL LOANS RECEIVED THIS PERIOD	+ \$ 0.00			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0.00		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 9,885.24
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 30,110.00		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 30,110.00
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 0.00		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24) a) Disbursements By Check \$ 7,948.45 b) Disbursements By Cash \$ 0.00	- \$ 7,948.45
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 30,110.00		28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 32,046.79
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- \$ 0.00		INDEBTEDNESS	
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 35,215.00		
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION		
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 8,638.17		
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 5,948.45			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0.00			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0.00		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0.00
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 5,948.45		30. LOANS RECEIVED THIS PERIOD	+ \$ 0.00
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 14,586.62	31. NEW DEBTS INCURRED THIS PERIOD	+ \$ 0.00
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION		
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 7,500.00		
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 2,000.00		32. PAYMENTS MADE ON LOANS THIS PERIOD	- \$ 0.00
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0.00		33. CREDITS RECEIVED ON LOANS THIS PERIOD	- \$ 0.00
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 2,000.00		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- \$ 0.00
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 9,500.00	35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 0.00
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0.00			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0.00			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0.00			
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0.00			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 1/14/2006
---	-------------------

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: HPAC Missouri CITY/STATE: 2700 Sanders Road EMPLOYER: Prospect Heights, Illinois 60070 <input checked="" type="checkbox"/> COMMITTEE:	12/12/2005 ----- \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Heat and Frost Insulators and Asbestos Workers 1 CITY/STATE: 3325 Hollenberg EMPLOYER: Bridgeton, Missouri 63044 <input checked="" type="checkbox"/> COMMITTEE:	12/12/2005 ----- \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CHIPP CITY/STATE: 1401 Hampton EMPLOYER: St. Louis, Missouri 63139 <input checked="" type="checkbox"/> COMMITTEE:	12/12/2005 ----- \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CWA District 6 PAC CITY/STATE: 10820 Sunset Office Drive EMPLOYER: St. Louis, Missouri 63127 <input checked="" type="checkbox"/> COMMITTEE:	12/12/2005 ----- \$ 0	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Association of Muncipal Utilities CITY/STATE: 2407 West Ash EMPLOYER: Columbia, Missouri 65203 <input checked="" type="checkbox"/> COMMITTEE:	12/12/2005 ----- \$ 0	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MBA Truman Region PAC CITY/STATE: 207 East Capitol Avenue EMPLOYER: Jefferson City, Missouri 65101 <input checked="" type="checkbox"/> COMMITTEE:	12/20/2005 ----- \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MBA River Heritage Region PAC CITY/STATE: 207 East Capitol Avenue EMPLOYER: Jefferson City, Missouri 65101 <input checked="" type="checkbox"/> COMMITTEE:	12/20/2005 ----- \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MBA Gateway Region PAC CITY/STATE: 207 East Capitol Avenue EMPLOYER: Jefferson City, Missouri 65101 <input checked="" type="checkbox"/> COMMITTEE:	12/20/2005 ----- \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



MISSOURI ETHICS COMMISSION
INDEPENDENT CONTRACTOR EXPENDITURE

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 1/14/2006		
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
Gregg Christian 3000 Eads Street St. Louis, Missouri 63104	10/17/2005	Fundraising	0.00	1,400.00
Gregg Christian 3000 Eads Street St. Louis, Missouri 63104	11/25/2005	Fundraising	0.00	1,400.00
Gregg Christian 3000 Eads Street St. Louis, Missouri 63104	12/14/2005	Fundraising	0.00	1,400.00
TOTAL ALL PAGES				4,200.00



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 1/14/2006
MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		
NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	DATE	AMOUNT
NAME: Missouri Progressive Vote ADDRESS: 5585 Pershing CITY/STATE: St. Louis, MO 63108	12/14/2005	\$ 200.00
NAME: McCaskill for Missouri ADDRESS: Post Office Box 6771 CITY/STATE: St. Louis, Missouri 63144	12/14/2005	\$ 1,000.00
NAME: St. Louis Metro Dems ADDRESS: 723 Bellflower CITY/STATE: Hazelwood, Missouri 63042	12/14/2005	\$ 200.00
NAME: Committee to Elect Michael Frame ADDRESS: 416 Maple Hollow Trail CITY/STATE: Eureka, Missouri 63025	12/28/2005	\$ 300.00
NAME: Dake for 132nd ADDRESS: 1856 Lawrence 1135 CITY/STATE: Miller, Missouri 65067	12/28/2005	\$ 300.00
NAME: ADDRESS: CITY/STATE:		\$
NAME: ADDRESS: CITY/STATE:		\$
NAME: ADDRESS: CITY/STATE:		\$
NAME: ADDRESS: CITY/STATE:		\$
NAME: ADDRESS: CITY/STATE:		\$
NAME: ADDRESS: CITY/STATE:		\$
NAME: ADDRESS: CITY/STATE:		\$
NAME: ADDRESS: CITY/STATE:		\$
TOTAL: ITEMIZED MONETARY CONTRIBUTIONS MADE THIS PAGE (CARRY TO ITEM 25, "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)		\$ --



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE ZWEIPEL FOR STATE REPRESENTATIVE		REPORT DATE 1/14/2006	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)
NAME AND ADDRESS OF RECIPIENT			AMOUNT THIS PERIOD
NAME: Russo's Catering ADDRESS: 9904 Page Avenue CITY/STATE: St. Louis, Missouri 63132		12/14/2005	Town Hall Meeti \$ 0.00 <input type="checkbox"/> PAID 123.60 <input type="checkbox"/> INCURRED
NAME: Gregg Christian ADDRESS: 3000 Eads CITY/STATE: St. Louis, Missouri 63104		12/14/2005	Consulting \$ 0.00 <input type="checkbox"/> PAID 1,400.00 <input type="checkbox"/> INCURRED
NAME: Dell ADDRESS: Post Office 6403 CITY/STATE: Carol Stream, Illinois 60197		12/28/2005	Ink Cartridges \$ 0.00 <input type="checkbox"/> PAID 136.31 <input type="checkbox"/> INCURRED
NAME: Effinger Printing ADDRESS: 12703 Pennridge Drive CITY/STATE: Bridgeton, Missouri 63044		12/28/2005	Letterhead/Enve \$ 0.00 <input type="checkbox"/> PAID 126.82 <input type="checkbox"/> INCURRED
NAME: Cingular Wireless ADDRESS: Post Office Box 65055 CITY/STATE: Dallas, Texas 75265		10/17/2005	Phone \$ 0.00 <input type="checkbox"/> PAID 256.00 <input type="checkbox"/> INCURRED
NAME: SBC ADDRESS: Post Office Box 6300747 CITY/STATE: Dallas, Texas 75263		10/17/2005	Phone \$ 0.00 <input type="checkbox"/> PAID 300.00 <input type="checkbox"/> INCURRED
NAME: Gregg Christian ADDRESS: 3000 Eads CITY/STATE: St. Louis, Missouri 63104		10/17/2005	Consulting \$ 0.00 <input type="checkbox"/> PAID 1,400.00 <input type="checkbox"/> INCURRED
NAME: Gregg Christian ADDRESS: 3000 Eads CITY/STATE: St. Louis, Missouri 63104		11/25/2005	Consulting \$ 0.00 <input type="checkbox"/> PAID 1,400.00 <input type="checkbox"/> INCURRED
NAME: SBC ADDRESS: Post Office Box 6300747 CITY/STATE: Dallas, Texas 75263		12/14/2005	Phone \$ 0.00 <input type="checkbox"/> PAID 200.00 <input type="checkbox"/> INCURRED
NAME: Cingular Wireless ADDRESS: Post Office Box 65055 CITY/STATE: Dallas, Texas 75265		12/14/2005	Phone \$ 0.00 <input type="checkbox"/> PAID 126.67 <input type="checkbox"/> INCURRED
NAME: Effinger Printing ADDRESS: 12703 Pennridge Drive CITY/STATE: Bridgeton, Missouri 63044		12/14/2005	Letterhead/Enve \$ 0.00 <input type="checkbox"/> PAID 122.56 <input type="checkbox"/> INCURRED
NAME: Regions Bank ADDRESS: 8182 Maryland Avenue CITY/STATE: Clayton, Missouri 63105		10/24/2005	Chargeback on B \$ 0.00 <input type="checkbox"/> PAID 300.00 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



NAME OF COMMITTEE
ZWEIFEL FOR STATE REPRESENTATIVE

DATE
1/14/2006

EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)		AMOUNT PAID OR INCURRED THIS PERIOD
CATEGORY OF EXPENDITURE		
Regions Bank-Internet Banking	\$	9.95
Regions Bank--Process Fee	\$	6.00
Regions Bank--Process Fee	\$	6.00
Regions Bank-Internet Banking	\$	9.95
Regions Bank-Service Charge	\$	15.00
PayPal--Transaction Fees	\$	9.59
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL: ITEMIZED EXPENDITURES THIS PAGE		
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)	\$	--

FORM CD 3 SUP A



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2. REPORT DATE 1/14/2006	
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4. AMOUNT PAID OR INCURRED THIS PERIOD	
3. CATEGORY OF EXPENDITURE View Supplemental Form(s)		\$	
		\$	
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$ 0.00	
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$ 56.49	
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)		\$ 56.49	
B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS	9. DATE	10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	11. AMOUNT THIS PERIOD
8. NAME AND ADDRESS OF RECIPIENT			
NAME:			\$
ADDRESS:			<input type="checkbox"/> PAID
CITY / STATE:		\$	<input type="checkbox"/> INCURRED
NAME:			\$
ADDRESS: View Supplemental Form(s)			<input type="checkbox"/> PAID
CITY / STATE:		\$	<input type="checkbox"/> INCURRED
NAME:			\$
ADDRESS:			<input type="checkbox"/> PAID
CITY / STATE:		\$	<input type="checkbox"/> INCURRED
NAME:			\$
ADDRESS:			<input type="checkbox"/> PAID
CITY / STATE:		\$	<input type="checkbox"/> INCURRED
NAME:			\$
ADDRESS:			<input type="checkbox"/> PAID
CITY / STATE:		\$	<input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)		\$ 0.00	
13. SUBTOTAL: ANY ATTACHED PAGES		+ \$ 5,891.96	
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)		\$ 5,891.96	
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)		\$ 5,948.45	
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$ 5,948.45	
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$ 0.00	
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT		\$ 0.00	
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$ 0.00	
C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)	21. DATE	22. AMOUNT	
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME:			
ADDRESS: View Supplemental Form(s)			
CITY / STATE:		\$	
NAME:			
ADDRESS:			
CITY / STATE:		\$	
NAME:			
ADDRESS:			
CITY / STATE:		\$	
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)		\$ 0.00	
24. SUBTOTAL: ANY ATTACHED PAGES		+ \$ 2,000.00	
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$ 2,000.00	
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		\$ 0.00	
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$ 2,000.00	
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT		\$ 0.00	

FORM CD3



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 1/14/2006
---	-------------------

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Sprinkler Fitters Local 268, Political and Education Fund CITY/STATE: 1544 South 3rd St. Louis, Missouri 63104 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	11/15/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Cooper CITY/STATE: 808 Bricken Place St. Louis, Missouri 63122 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/15/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Howell Chiropractic Health Center CITY/STATE: 490 Howdershell Road Florissant, Missouri 63031 EMPLOYER: <input type="checkbox"/> COMMITTEE:	10/3/2005 \$ 0	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Credit Union PAC CITY/STATE: 2055 Craigshire Drive St. Louis, Missouri 63146 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	10/3/2005 \$ 0	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 1/14/2006
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: KCPL Power PAC Missouri CITY/STATE: 1201 Walnut Street EMPLOYER: Kansas City, Missouri 64141 <input checked="" type="checkbox"/> COMMITTEE:	10/27/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Committee for Political Action of MO Certified CPA CITY/STATE: Post Office Box 4199042 EMPLOYER: St. Louis, Missouri 63141 <input checked="" type="checkbox"/> COMMITTEE:	10/29/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Political Action Committee MO State Chiropractors CITY/STATE: 220 East Dunklin Street EMPLOYER: Jefferson City, Missouri 65101 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Branch 343 National Association of Letter Carriers CITY/STATE: 2225 Blendon EMPLOYER: St. Louis, Missouri 63143 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2005 \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Apollo Group, Inc. CITY/STATE: 4615 E. Elwood EMPLOYER: Phoenix, Arizona 85040 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2005 \$ 0	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: General Motors Political Action Committee CITY/STATE: 1660 L Street, NW Suite 400 EMPLOYER: Washington, DC 20036 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MPTA PAC CITY/STATE: 1330 YMCA Drive, Suite 1200 EMPLOYER: Festus, Missouri 63028 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2005 \$ 0	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: SEIU Missouri State Council CITY/STATE: 5585 Pershing Avenue, Suite 170 EMPLOYER: St. Louis, Missouri 63139 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 1/14/2006
INSTRUCTIONS		
<p>PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.</p> <p>Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.</p> <p>If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.</p>		
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		
NAME: ADDRESS: MO Optometric PAC CITY/STATE: 100 East High Street EMPLOYER: Jefferson City, Missouri 65101 <input checked="" type="checkbox"/> COMMITTEE:	10/14/2005 \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ameren UE PAC CITY/STATE: PO Box 780 EMPLOYER: Jefferson City, Missouri 65102 <input checked="" type="checkbox"/> COMMITTEE:	10/15/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Medical Political Action Committee CITY/STATE: PO Box 402 EMPLOYER: Jefferson City, Missouri 65102 <input checked="" type="checkbox"/> COMMITTEE:	10/22/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MO Cable PAC CITY/STATE: 4700 Little Blue Parkway EMPLOYER: Independence, Missouri 64057 <input checked="" type="checkbox"/> COMMITTEE:	10/22/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Association of Nurse Anesthetists CITY/STATE: 205 E CAPITOL AVENUE SUITE 100 EMPLOYER: JEFFERSON CITY MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	10/27/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Express Scripts CITY/STATE: 13900 Riverport Drive EMPLOYER: Maryland Heights, Missouri 63043 <input type="checkbox"/> COMMITTEE:	10/27/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Blue Cross Blue Shield of Kansas City CITY/STATE: One Pershing Square, 2301 Main EMPLOYER: Kansas City, Missouri 64108 <input type="checkbox"/> COMMITTEE:	10/27/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Keith Burdick CITY/STATE: 742 West 99th Street EMPLOYER: Jenks, Oklahoma 74037 <input type="checkbox"/> COMMITTEE:	10/27/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		--
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		DATE 1/14/2006
INSTRUCTIONS PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD-1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed. Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1. If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.		
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		
NAME: ADDRESS: Teamsters Local 610 PAC Fund CITY/STATE: 11472 Schenk Drive EMPLOYER: Maryland Heights, Missouri 63043 <input checked="" type="checkbox"/> COMMITTEE:	12/30/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Charter Communications CITY/STATE: 12405 Powerscourt Drive EMPLOYER: St. Louis, Missouri 63131 <input type="checkbox"/> COMMITTEE:	12/30/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: PFEM PAC CITY/STATE: 6100 Madison Avenue EMPLOYER: St. Louis, Missouri 63134 <input checked="" type="checkbox"/> COMMITTEE:	12/30/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Plumbers and Pipefitters Fund CITY/STATE: 12385 Larimore Road EMPLOYER: St. Louis, Missouri 63138 <input checked="" type="checkbox"/> COMMITTEE:	12/30/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bank of America CITY/STATE: 800 Market Street EMPLOYER: St. Louis, Missouri 63101 <input type="checkbox"/> COMMITTEE:	10/14/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Boeing CITY/STATE: Post Office Box 399 EMPLOYER: Seattle, Washington 98124 <input type="checkbox"/> COMMITTEE:	10/14/2005 \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Douglas Burnett CITY/STATE: 102 East High Street EMPLOYER: Jefferson City, Missouri 65102 <input type="checkbox"/> COMMITTEE:	10/14/2005 \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Laborers Local 110 Political Fund CITY/STATE: 11000 Lin Valle EMPLOYER: St. Louis, Missouri 63123 <input checked="" type="checkbox"/> COMMITTEE:	10/14/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		--
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE
ZWEIFEL FOR STATE REPRESENTATIVE

DATE
1/14/2006

INSTRUCTIONS:

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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: GlaxoSmithKline CITY/STATE: PO Box 13681 EMPLOYER: Philidelphia, Pennsylvania 19101 <input type="checkbox"/> COMMITTEE:	12/28/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carpenters Local 47--Segregated Fund CITY/STATE: 1401 Hampton Avenue, Room 152 EMPLOYER: St. Louis, Missouri 63139 <input checked="" type="checkbox"/> COMMITTEE:	12/28/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Society of Anesthesiologists PAC CITY/STATE: PO Box 1402 EMPLOYER: Jefferson City, Missouri 65102 <input checked="" type="checkbox"/> COMMITTEE:	12/28/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Warren Shufeldt CITY/STATE: 1721 Whittier EMPLOYER: Springfield, IL 62704 <input type="checkbox"/> COMMITTEE:	12/30/2005 \$ 0	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Harrah's Operating Company CITY/STATE: 1023 Cherry Road EMPLOYER: Memphis, TN 38117 <input type="checkbox"/> COMMITTEE:	12/30/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Eye PAC CITY/STATE: 1705 Christy Drive Suite 101 Jefferson EMPLOYER: City, MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	12/30/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Retailers Association CITY/STATE: PO Box 1336 EMPLOYER: Jefferson City, MO 63102 <input type="checkbox"/> COMMITTEE:	12/30/2005 \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: St. Louis Port Council Educational Fund CITY/STATE: 4581 Gravois EMPLOYER: St. Louis, MO 63116 <input checked="" type="checkbox"/> COMMITTEE:	12/30/2005 \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ZWEIPEL FOR STATE REPRESENTATIVE	DATE 1/14/2006
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INSTRUCTIONS

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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Safer Families for Missouri CITY/STATE: PO Box 1792 EMPLOYER: Jefferson City, Missouri 65102 <input checked="" type="checkbox"/> COMMITTEE:	12/20/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carpenters District Council of KC and Vicinity CITY/STATE: 325 W. 39th Street EMPLOYER: Kansas City, Missouri 64111 <input checked="" type="checkbox"/> COMMITTEE:	12/20/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Monsanto Company CITY/STATE: 800 N. Lindbergh EMPLOYER: St. Louis, Missouri 63031 <input type="checkbox"/> COMMITTEE:	12/20/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: PAN-M Political Action for Nurses CITY/STATE: PO Box 105228 EMPLOYER: Jefferson City, Missouri 65102 <input checked="" type="checkbox"/> COMMITTEE:	12/20/2005 \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Iron Workers Local 396 Voluntary Fund CITY/STATE: 2500 59th Street EMPLOYER: St. Louis, Missouri 63110 <input checked="" type="checkbox"/> COMMITTEE:	12/20/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Deborah Theime CITY/STATE: 232 N. Kingshighway EMPLOYER: St. Louis, Missouri 63108 <input type="checkbox"/> COMMITTEE:	12/20/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bricklayers Local No. 1 Truth Committee CITY/STATE: 2000 Market Street EMPLOYER: St. Louis, Missouri 63103 <input checked="" type="checkbox"/> COMMITTEE:	12/28/2005 \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Teamsters Local Union No. 541 Political Action Fund CITY/STATE: 4501 Van Brunt Boulevard EMPLOYER: Kansas City, Missouri 64130 <input checked="" type="checkbox"/> COMMITTEE:	12/28/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE	DATE 1/14/2006
---	-------------------

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Quarry Workers Local 829 CITY/STATE: 380 MARKET ST EMPLOYER: STE GENEVIEVE MO 63670 <input checked="" type="checkbox"/> COMMITTEE:	12/1/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Eastern Missouri Laborer Education Fund CITY/STATE: 3450 Hollenberg Drive EMPLOYER: Bridgeton, Missouri 63044 <input checked="" type="checkbox"/> COMMITTEE:	12/1/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: United Union of Roofers... CITY/STATE: 2920 Locust Street EMPLOYER: St. Louis, Missouri 63103 <input checked="" type="checkbox"/> COMMITTEE:	12/12/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Microsoft CITY/STATE: One Microsoft Way EMPLOYER: Redmond, WA 98052 <input checked="" type="checkbox"/> COMMITTEE:	12/12/2005 \$ 0	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: IBEW 1439 CITY/STATE: 2121 59th Street EMPLOYER: St. Louis, Missouri 63110 <input checked="" type="checkbox"/> COMMITTEE:	12/12/2005 \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Teamsters Local 618 CITY/STATE: 300 South Grand EMPLOYER: St. Louis, Missouri 63103 <input checked="" type="checkbox"/> COMMITTEE:	12/12/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Elect Political Fund UFCW CITY/STATE: 300 Weidman Road Ballwin, Missouri 63011 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	12/12/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Internation Union of Operating Engineers 2 CITY/STATE: 2929 South Jefferson Avenue EMPLOYER: St. Louis, Missouri 63118 <input checked="" type="checkbox"/> COMMITTEE:	12/12/2005 \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE
ZWEIFEL FOR STATE REPRESENTATIVE

DATE
1/14/2006

INSTRUCTIONS

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: SBC Missouri Employee PAC CITY/STATE: One SBC Center EMPLOYER: St. Louis, Missouri 63101 <input checked="" type="checkbox"/> COMMITTEE:	11/17/2005 \$ 0	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: St. Louis County Police Association CITY/STATE: 9620 Lackland Road EMPLOYER: St. Louis, Missouri 63114 <input checked="" type="checkbox"/> COMMITTEE:	11/21/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Cendant Corporation CITY/STATE: 510 West Parkland Drive EMPLOYER: Sandy, Utah 84070 <input type="checkbox"/> COMMITTEE:	11/21/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Hoisting Engineers Local 513 PAC CITY/STATE: 3449 Hollenberg EMPLOYER: Bridgeton, Missouri 63044 <input checked="" type="checkbox"/> COMMITTEE:	11/21/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Boilermakers Local 27 Vol. Fund CITY/STATE: 1547 South Broadway EMPLOYER: St. Louis, Missouri 63104 <input checked="" type="checkbox"/> COMMITTEE:	11/21/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: St. Louis Area Realtors PAC CITY/STATE: 12777 Olive Boulevard EMPLOYER: St. Louis, Missouri 63141 <input checked="" type="checkbox"/> COMMITTEE:	11/21/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Swain Group CITY/STATE: 21 Bingham Road EMPLOYER: Columbia, Missouri 65203 <input type="checkbox"/> COMMITTEE:	11/22/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: IBEW Local Union 124 Voluntary Political CITY/STATE: 301 East 103rd Terrace EMPLOYER: Kansas City, Missouri 64114 <input checked="" type="checkbox"/> COMMITTEE:	11/22/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ZWEIPEL FOR STATE REPRESENTATIVE	DATE 1/14/2006
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INSTRUCTIONS

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Howell Chiropractic Center, PC CITY/STATE: 490 Howdershell Road EMPLOYER: Florissant, Missouri 63031 <input type="checkbox"/> COMMITTEE:	11/15/2005 \$ 0	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Midwest Petroleum Co CITY/STATE: 6760 Southwest EMPLOYER: St. Louis Missouri 63143 <input type="checkbox"/> COMMITTEE:	11/15/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Glaziers Local Union 513 Political Action Fund CITY/STATE: 5916 Wilson Avenue EMPLOYER: St. Louis, Missouri 63110 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: BLET Missouri PAC CITY/STATE: 1934 Windriver Drive EMPLOYER: Jefferson City, Missouri 65101 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gas Workers Local 5-6 Voluntary PAC CITY/STATE: 7750 Olive Boulevard EMPLOYER: St. Louis, Missouri 63130 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2005 \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pipefitters Local 533 Volunteer Political Fund CITY/STATE: 8600 Hillcrest Road EMPLOYER: Kansas City, Missouri 64138 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Electrical Workers Voluntary Political Education CITY/STATE: 5850 Elizabeth Avenue EMPLOYER: St. Louis, Missouri 63110 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Laborers International Union of North America CITY/STATE: 3449 Hollenberg Drive EMPLOYER: Bridgeton, Missouri 63044 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ZWEIPEL FOR STATE REPRESENTATIVE	DATE 1/14/2006
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INSTRUCTIONS

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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: MBA Capitol Region PAC CITY/STATE: 207 East Capitol Avenue EMPLOYER: Jefferson City, Missouri 65101 <input checked="" type="checkbox"/> COMMITTEE:	12/20/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CWA District 6 PAC CITY/STATE: 10820 Sunset Office Drive EMPLOYER: St. Louis, MO 63127 <input checked="" type="checkbox"/> COMMITTEE:	12/20/2005 \$ 0	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: 78th District Legislative Dem. Committee CITY/STATE: 723 Bellflower EMPLOYER: Hazelwood, Missouri 63042 <input checked="" type="checkbox"/> COMMITTEE:	12/20/2005 \$ 0	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Quarry Maint. and Allied Trade CITY/STATE: 899 St. Genevieve Drive EMPLOYER: St. Genevieve, MO 63670 <input checked="" type="checkbox"/> COMMITTEE:	12/20/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Western Missouri and Kansas Laborers Dist. Council CITY/STATE: 2001 Empire Avenue EMPLOYER: Joplin, Missouri 64804 <input checked="" type="checkbox"/> COMMITTEE:	12/20/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: St. Louis Labor Council AFLCIO Project 2000 CITY/STATE: 1401 Hampton Avenue EMPLOYER: St. Louis, Missouri 63139 <input checked="" type="checkbox"/> COMMITTEE:	12/20/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sheetmetal Workers Local 36 PAC CITY/STATE: 301 South Ewing EMPLOYER: St. Louis Missouri 63103 <input checked="" type="checkbox"/> COMMITTEE:	12/20/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: General American Life Associates PAC CITY/STATE: 13045 TESSON FERRY RD B1-51 EMPLOYER: ST LOUIS MO 63128 <input checked="" type="checkbox"/> COMMITTEE:	12/20/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ZWEIPEL FOR STATE REPRESENTATIVE	DATE 11/14/2006
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INSTRUCTIONS

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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Laborers Local 662 Volunteer PAC CITY/STATE: 209 Flora Drive EMPLOYER: Jefferson City, Missouri 65101 <input checked="" type="checkbox"/> COMMITTEE:	11/30/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Laboers Local 264 PAC CITY/STATE: 1101 East 87th Street EMPLOYER: Kansas City, 64131 <input checked="" type="checkbox"/> COMMITTEE:	11/30/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Asbestos Workers Political Account CITY/STATE: 400 South Main EMPLOYER: Independence, Missouri 64050 <input checked="" type="checkbox"/> COMMITTEE:	11/30/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Concrete Association PAC CITY/STATE: Post Office 392 EMPLOYER: Jefferson City, Missouri 65102 <input checked="" type="checkbox"/> COMMITTEE:	11/30/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Laborers Union 718 PAC CITY/STATE: Post Office Box 132 EMPLOYER: DeSoto, Missouri 63020 <input checked="" type="checkbox"/> COMMITTEE:	11/30/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Painters District Council Number 2 General Fund CITY/STATE: 2501 59th Street EMPLOYER: St. Louis, Missouri 63110 <input checked="" type="checkbox"/> COMMITTEE:	11/30/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Operating Engineers 148 PAC CITY/STATE: 148 Wilma Drive EMPLOYER: Maryville, Illinois 62062 <input checked="" type="checkbox"/> COMMITTEE:	11/30/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Construction and General Laborers 955 CITY/STATE: 611 North Garth EMPLOYER: Columbia, Missouri 65023 <input checked="" type="checkbox"/> COMMITTEE:	12/1/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ZWEIPEL FOR STATE REPRESENTATIVE		DATE 1/14/2006	
INSTRUCTIONS: PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed. Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1. If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		AGGREGATE TO DATE	
NAME: ADDRESS: DC Inc. CITY/STATE: 895 Bolger Court EMPLOYER: Fenton, Missouri 63026 <input type="checkbox"/> COMMITTEE:		11/22/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: U-GAS CITY/STATE: 895 Bolger Court EMPLOYER: Fenton, Missouri 63026 <input type="checkbox"/> COMMITTEE:		11/22/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Hospital Association Health PAC CITY/STATE: PO Box 60 EMPLOYER: Jefferson City, Missouri 65102 <input checked="" type="checkbox"/> COMMITTEE:		11/22/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Novartis CITY/STATE: One Health Plaza EMPLOYER: East Hanover, New Jersey 07936 <input type="checkbox"/> COMMITTEE:		11/29/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Laborers Local 660 PAC CITY/STATE: 601 South 4th Street EMPLOYER: St. Charles, Missouri 63301 <input checked="" type="checkbox"/> COMMITTEE:		11/29/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Laborers Local 1104 CITY/STATE: 2117 Broadway EMPLOYER: Cape Girardeau, Missouri 63701 <input checked="" type="checkbox"/> COMMITTEE:		11/29/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Laborers Union Local 916 Vol PAC CITY/STATE: 430 N Washington Street EMPLOYER: Farmington, Missouri 63640 <input checked="" type="checkbox"/> COMMITTEE:		11/30/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Greater Kansas City Building and Trades PAC CITY/STATE: 400 South Main Street EMPLOYER: Independence Missouri 64050 <input checked="" type="checkbox"/> COMMITTEE:		11/30/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ZWEIPEL FOR STATE REPRESENTATIVE		DATE 1/14/2006
INSTRUCTIONS <p>PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.</p> <p>Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.</p> <p>If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.</p>		
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: UPSPAC-Missouri CITY/STATE: 55 Glenlake Parkway, NE EMPLOYER: Atlanta, Georgia 30328 <input checked="" type="checkbox"/> COMMITTEE:	10/14/2005 \$ 0	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Diversified Health Services Corporation CITY/STATE: 477 North Lindbergh Boulevard EMPLOYER: St. Louis, Missouri 63141 <input type="checkbox"/> COMMITTEE:	10/14/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: UFCW Local No. 88 Meatcutters Union CITY/STATE: 5730 Elizabeth Avenue EMPLOYER: St. Louis, Missouri 63110 <input checked="" type="checkbox"/> COMMITTEE:	10/13/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: The Chartock Living Trust CITY/STATE: 532 Midvale Avenue EMPLOYER: University City, Missouri 63103 <input type="checkbox"/> COMMITTEE:	10/13/2005 \$ 0	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Spector and Wolfe, LLC CITY/STATE: 206 Argonne Suite 101 EMPLOYER: Kirkwood, MO 63122 <input type="checkbox"/> COMMITTEE:	10/13/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Laborers' Local 42 PAC CITY/STATE: 3710 Enright Avenue EMPLOYER: St. Louis, Missouri 63108 <input checked="" type="checkbox"/> COMMITTEE:	10/13/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Diekemper Hammond, PC CITY/STATE: 7730 Carondelet, Suite 200 EMPLOYER: St. Louis, Missouri 63105 <input type="checkbox"/> COMMITTEE:	10/13/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Western Anesthesiology Associates, Inc. CITY/STATE: 339 Consort Drive EMPLOYER: Ballwin, Missouri 63011 <input type="checkbox"/> COMMITTEE:	10/13/2005 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2. REPORT DATE 1/14/2006	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 30,110.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 30,110.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 30,110.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 0.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED		16. DATE RECEIVED	
15. NAME AND ADDRESS OF LENDER		17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)	
NAME: ADDRESS: CITY / STATE:		\$	
NAME: ADDRESS: CITY / STATE:		\$	
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 30,110.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 30,110.00	

FORM CD1